



**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS  
INSPECTION & AIRCRAFT OPERATIONS**

<http://www.state.nj.us/transportation/commuter/aviation/>

Phone: 609-530-2900/Fax: 609-530-4549

## APPLICATION FOR A "PERMANENT" AERONAUTICAL FACILITY LICENSE

\$35.00	<input type="checkbox"/>	PUBLIC USE	<input type="checkbox"/>	AIRPORT	<input type="checkbox"/>	HELISTOP
\$25.00	<input type="checkbox"/>	RESTRICTED USE	<input type="checkbox"/>	BALLOONSPOT	<input type="checkbox"/>	SEAPLANE BASE
\$15.00	<input type="checkbox"/>	SPECIAL USE	<input type="checkbox"/>	BLIMP MOORING MAST	<input type="checkbox"/>	VERTIPORT
\$20.00	<input type="checkbox"/>	PARACHUTE DROP ZONE	<input type="checkbox"/>	HELIPORT	<input type="checkbox"/>	

### APPLICANT INFORMATION

NAME		NJ TAX ID NO.	
ADDRESS			
CITY		STATE	
		ZIP	
OFFICE PHONE		HOME PHONE	
FAX		EMAIL ADDRESS	

### APPLICANT REPRESENTATIVE INFORMATION (Licensee)

NAME	
ADDRESS	
CITY	STATE
	ZIP
PHONE	EMAIL ADDRESS
FAX:	OTHER:

### FACILITY INFORMATION (Please fill in all fields)

NAME FOR LICENSE		ASSOCIATED AIRPORT (IF ANY)	
ADDRESS			
CITY	NJ	ZIP	LOCATION IDENTIFIER
TOWNSHIP		COUNTY	
LATITUDE N	LONGITUDE W		ELEVATION

NJ DEPARTMENT OF TRANSPORTATION, DIVISION OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 610, TRENTON, NJ 08625

SPECIAL USE FACILITIES		
PILOT INFORMATION		
NAME	LICENSE NUMBER	RATING
AIRCRAFT INFORMATION		
MAKE	MODEL	FAA REGISTRATION NO.

**THE FOLLOWING “APPROPRIATE” ATTACHMENTS MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS:**

ATTACHMENTS	Check
Required scaled drawing(s) (Include type and location of wind indicator(s).)	<input type="checkbox"/>
Legal description of property (tax map).	<input type="checkbox"/>
Proof of ownership (copy of Title if owned; copy of lease or authority for land use if not owned).	<input type="checkbox"/>
Certificate or statement that the appropriate governing body where the facility is to be located has been notified of the proposed action in the application (copy of Letter).	<input type="checkbox"/>
Certificate or statement that the county where the facility is to be located has been notified of the proposed action in the application (copy of Letter).	<input type="checkbox"/>
Copy of the final determination from the appropriate planning authority having jurisdiction.	<input type="checkbox"/>
Copy of required FAA <i>Notice of Landing Area Proposal</i> (FAA Form 7480-1 – available at: <a href="http://www.faa.gov/">http://www.faa.gov/</a> ), as may be amended or superseded.	<input type="checkbox"/>
Copy of legal notices published in at least two newspapers serving the jurisdiction of the appropriate governing body, as shown in 16:54-2.3, Appendix A.	<input type="checkbox"/>
For “Special Use” facilities of less than required minimum effective runway:	<input type="checkbox"/>
a. Petition for Exemption concerning proposed runway dimensions.	<input type="checkbox"/>
b. True copy of applicable aircraft manufacturer’s performance specifications and tables	<input type="checkbox"/>
c. Request for demonstration flight.	<input type="checkbox"/>
For elevated heliport/helistop: Certified drawing showing the load bearing capacity.	<input type="checkbox"/>
Any Petitions for Exemptions to be considered.	<input type="checkbox"/>
NJDOT Division of Aeronautics Form DA-2	<input type="checkbox"/>
<b>Appropriate application fee (see top of page 1).</b>	<input type="checkbox"/>

\_\_\_\_\_  
APPLICANT SIGNATURE\_\_\_\_\_  
Date

NJ DEPARTMENT OF TRANSPORTATION, DIVISION OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 610, TRENTON, NJ 08625

## ADDITIONAL INFORMATION

\* ***APPLICANT - PLEASE INCLUDE THIS PAGE*** \***FOR USE BY THE DIVISION OF AERONAUTICS ONLY**

<b><u>Delinquent Documents:</u></b>	Scaled Drawing/Sketch	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Legal Description of Property (Tax Map)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Proof of Ownership (Title, Lease, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Municipal Authorization	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	County Certification/Statement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Final Determination by Planning Authority	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	FAA Form 7480-1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Legal Notice Published in 2 Newspapers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Special Use Facilities:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Needed <input type="checkbox"/>
	a. Petition for Exemption	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	b. Aircraft Specs./Performance Data	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	c. Request for Demo. Flight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Certified Drawing of Elevated Heliport	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Needed <input type="checkbox"/>
	Petitions for Exemptions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
NJDOT Aeronautics Form DA-2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Appropriate Fee	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<b>INSPECTOR NOTES:</b>						

**RECOMMEND:**      Approval ☐  
                              Disapproval ☐

\_\_\_\_\_  
Inspector's Signature\_\_\_\_\_  
Date

<b>BUREAU CHIEF:</b>	
Signature: _____	
Date _____	
Screened by NJ Department of Transportation	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Reasons for Disapproval	